In re	Theresa Gail Scanlan	
Case N	Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

		Part II. CALCULATION OF M	ON	THLY INCOM	ME FOR § 707(b)(7) E	XCLUSION	
	Mari	tal/filing status. Check the box that applies a	nd c	omplete the balanc	e of this part of this stat	ement	t as directed.	
	a.							
	b. □	Married, not filing jointly, with declaration	of se	parate households.	By checking this box, o	lebtor	declares under	penalty of perjury
_		'My spouse and I are legally separated under						
2		ourpose of evading the requirements of § 7070						
	1	for Lines 3-11.						
		Married, not filing jointly, without the decla				b abo	ve. Complete b	oth Column A
	(("Debtor's Income") and Column B ("Spou	se's	Income'') for Line	es 3-11.			
		Married, filing jointly. Complete both Colu				'Spot	ise's Income'')	for Lines 3-11.
		gures must reflect average monthly income re					Column A	Column B
		dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied					Debtor's	Spouse's
		onth total by six, and enter the result on the a			you must divide the		Income	Income
3		s wages, salary, tips, bonuses, overtime, con				\$	0.00	\$
		ne from the operation of a business, profess			Lina h from Lina a and	Ψ	0.00	Ψ
		the difference in the appropriate column(s) of						
		ess, profession or farm, enter aggregate numb						
		nter a number less than zero. Do not include						
4	Line	b as a deduction in Part V.						
	_	1		Debtor	Spouse			
	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00		\$	0.00	¢
	c.	Business income		otract Line b from l) p	0.00	\$
		and other real property income. Subtract L propriate column(s) of Line 5. Do not enter a						
		of the operating expenses entered on Line b						
5	part	of the operating expenses entered on time of		Debtor	Spouse	1		
-	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00				
	c.	Rent and other real property income	Sul	otract Line b from l	Line a	\$	0.00	\$
6	Inter	est, dividends, and royalties.				\$	0.00	\$
7	Pensi	on and retirement income.				\$	0.00	\$
		amounts paid by another person or entity, o						
0		nses of the debtor or the debtor's dependent						
8		ose. Do not include alimony or separate maint						
	-	se if Column B is completed. Each regular payayment is listed in Column A, do not report the	•			\$	0.00	\$
		apployment compensation. Enter the amount i		•		+		<u> </u>
		ever, if you contend that unemployment comp						
0		it under the Social Security Act, do not list th						
9	or B,	but instead state the amount in the space belo	w:					
	Uner	mployment compensation claimed to						
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$					\$	624.00	\$
		ne from all other sources. Specify source and						
		separate page. Do not include alimony or sep						
		se if Column B is completed, but include all						
		tenance. Do not include any benefits received yed as a victim of a war crime, crime against h						
10		stic terrorism.	um	unity, or as a victim	of international of			
				Debtor	Spouse	1		
	a.		\$		\$	1		
	b.		\$		\$]		
	Total	and enter on Line 10				\$	0.00	\$
11	Subto	otal of Current Monthly Income for § 707(b)(7)	. Add Lines 3 thru	10 in Column A, and. if			
11		nn B is completed, add Lines 3 through 10 in				\$	624.00	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		624.00			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	7,488.00			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 1	\$	52,996.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.					\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a.					\$	
18	Current monthly income for § 70	7(b)(2). Subtract Line 1	7 from Line	16 and enter the resu	ılt.	\$
	Part V. C	ALCULATION O	F DEDU(CTIONS FROM	INCOME	
	Subpart A: De	ductions under Stand	dards of th	e Internal Revenu	ie Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				formation is available persons is the number	\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older				al Standards for le at ble number of persons are 65 years of age or that would currently hal dependents whom d enter the result in enter the result in Line 3.	
	a1. Allowance per personb1. Number of persons	a2 b2	2. Numb	vance per person per of persons		
	c1. Subtotal	c2				\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy or the number that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line b the tota debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	¢.				
		Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$				
	Local Standards: transportation; vehicle operation/public transport	rtation expense.				
	You are entitled to an expense allowance in this category regardless of					
	vehicle and regardless of whether you use public transportation.					
	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are				
22A	\square 0 \square 1 \square 2 or more.					
	If you checked 0, enter on Line 22A the "Public Transportation" amou	int from IRS Local Standards:				
	Transportation. If you checked 1 or 2 or more, enter on Line 22A the '	'Operating Costs" amount from IRS Local				
	Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ o	\$				
	Local Standards: transportation; additional public transportation		Ψ			
22D	for a vehicle and also use public transportation, and you contend that y					
22B	you public transportation expenses, enter on Line 22B the "Public Tra					
	Standards: Transportation. (This amount is available at www.usdoj.go court.)	\$				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
	\square 1 \square 2 or more.					
		Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation				
23	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c Monthly Payments for any debts secured by Vehicle 1, as stated in Lir					
	the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$				
		Subtract Line b from Line a.	\$			
	Local Standards: transportation ownership/lease expense; Vehicle	2. Complete this Line only if you checked				
	the "2 or more" Box in Line 23.					
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c					
24	Monthly Payments for any debts secured by Vehicle 2, as stated in Lir					
∠4	the result in Line 24. Do not enter an amount less than zero.					
	, ,	\$				
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
		Subtract Line b from Line a.	\$			
	Other Necessary Expenses: taxes. Enter the total average monthly ex					
25	state and local taxes, other than real estate and sales taxes, such as inco	ф				
	security taxes, and Medicare taxes. Do not include real estate or sales	\$				

26		or employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. tary 401(k) contributions.	\$		
27		l average monthly premiums that you actually pay for term for insurance on your dependents, for whole life or for	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p		\$		
31	Other Necessary Expenses: health care. Enter the tot health care that is required for the health and welfare of insurance or paid by a health savings account, and that include payments for health insurance or health savings	yourself or your dependents, that is not reimbursed by is in excess of the amount entered in Line 19B. Do not	\$		
32	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than pagers, call waiting, caller id, special long distance, or i welfare or that of your dependents. Do not include any	\$			
33	Total Expenses Allowed under IRS Standards. Enter	r the total of Lines 19 through 32.	\$		
	Note: Do not include any ex	onal Living Expense Deductions penses that you have listed in Lines 19-32	Γ		
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state below: \$	your actual total average monthly expenditures in the space			
35		family members. Enter the total average actual monthly e and necessary care and support of an elderly, chronically f your immediate family who is unable to pay for such	\$		
36	Protection against family violence. Enter the total aver actually incurred to maintain the safety of your family u other applicable federal law. The nature of these expenses	\$			
37	Home energy costs. Enter the total average monthly ar Standards for Housing and Utilities, that you actually extrustee with documentation of your actual expenses, claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than actually incur, not to exceed \$156.25* per child, for atte school by your dependent children less than 18 years of documentation of your actual expenses, and you mus necessary and not already accounted for in the IRS S	andance at a private or public elementary or secondary age. You must provide your case trustee with t explain why the amount claimed is reasonable and	\$		

 $^{^{*}}$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).				\$		
41	Tota	Additional Expense Deductions	under § 707(b). Enter the total of L	ine	s 34 through 40		\$
		Sı	ubpart C: Deductions for De	bt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				,	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount \$				n may include in on to the d include any such amounts in	\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as					aims, such as	\$
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. b.	issued by the Executive Office	rict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	x To	otal: Multiply Line	es a and b	\$
46	Tota	Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.			\$
		Su	bpart D: Total Deductions f	ron	n Income		
47	Tota	l of all deductions allowed under	§ 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$
		Part VI. DE	TERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Curi	rent monthly income for § 707(b)(2)))			\$
49	Ente	r the amount from Line 47 (Tota	l of all deductions allowed under §	707	(b)(2))		\$
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	e 48	and enter the resu	ılt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$	

Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for statement, and complete the verification in Part VIII. You may also complete Pa					
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. C	omplete the remainder of Part VI	(Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.	•			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may		otion arises" at the top			
	Part VII. ADDITIONAL EXPENSE	E CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated i you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All teach item. Total the expenses.	m your current monthly income un	der §			
	Expense Description	Monthly Amo	unt			
	a.	\$				
	b.	\$				
	C.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATIO	N				
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtor						
57	must sign.) Date: March 19, 2014 Signatu	are: /s/ Theresa Gail Scanlan				
57	Butc. Maron 10, 2014 Signate	Theresa Gail Scanlan	<u>'</u>			
		(Debtor)				

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2013 to 02/28/2014.

Line 9 - Unemployment compensation (included in CMI)

Source of Income: **Unemployment** Constant income of **\$624.00** per month.